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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>Only for new nonprovisional applications under<br/>37 C.F.R. § 1.53(b)</i> | Attorney Docket No.               | A-7179   |
|  | First Inventor or Application No. |  |
|  | Title                             | SYSTEMS AND METHODS FOR TV NAVIGATION<br>WITH COMPRESSED VOICE-ACTIVATED<br>COMMANDS |
|  | Express Mail Label No.            | EL839350110US  |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents  |           | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington DC 20231   |          |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br><i>(Submit an original and duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>63</u> ]   |           | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><i>(e.g. PTO/SB/17)</i> <ol style="list-style-type: none"> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li><input type="checkbox"/> Statement verifying identity of above copies</li> </ol> |          |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |           |  |          |
| 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney<br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application,<br>Statement(s) Status still proper and desired<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>15. <input type="checkbox"/> Other: |           |  |          |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:<br><i>Prior application information:</i> Examiner: Group Art Unit:  |           |  |          |
| <b>17. CORRESPONDENCE ADDRESS</b>   |           |  |          |
| <input checked="" type="checkbox"/> Customer Number or Bar Code    |           | <input type="checkbox"/> Correspondence address below  |          |
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| Country   | Telephone |  | Fax      |

|                   |   |  |                                   |                  |
|-------------------|---|--|-----------------------------------|------------------|
| Name (Print/type) | KELLY A. GARDNER  |  | Registration No. (Attorney/Agent) | 35,147           |
| Signature         |  |  | Date                              | DECEMBER 3, 2001 |

Docket No.: A-7179

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.  
DOCKET NO.: A-7179  
TITLE: SYSTEMS AND METHODS FOR TV NAVIGATION WITH  
COMPRESSED VOICE-ACTIVATED COMMANDS

DECEMBER 3, 2001

**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION  
Commissioner for Patents  
P. O. Box 2327  
Arlington, VA 22202

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

|                           | No. of Claims Filed | No. of Claims Paid For | No. of Extra Claims | Rate     | Fee        |
|---------------------------|---------------------|------------------------|---------------------|----------|------------|
| Independent Claims        | 3                   | 3                      | 0                   | \$ 84.00 | \$000.00   |
| Total Claims              | 98                  | 20                     | 78                  | \$ 18.00 | \$1,404.00 |
| Multiple Dependent Claims |                     |                        |                     | \$280.00 | \$000.00   |
| Basic Filing Fee          |                     |                        |                     | \$740.00 | \$740.00   |
| Total Filing Fee          |                     |                        |                     |          | \$2,144.00 |

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

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Maryellen Licker